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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: H. KLADDERS, et al.

Examiner: Andrew M. BUNIN

Serial No.: 10/757,346

Group Art Unit: 3743

Filed: 01/14/2004

Docket: 1/1447

For: Powder Inhaler

Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO RESTRICTION REQUIREMENT**

Sir:

This Response is filed in answer to the Office Action of June 27, 2005. In that Office Action, a one month shortened statutory period was set for response and a response was accordingly due on July 27, 2005, extendible up to six months from the mailing date of the Office Action. It is hereby petitioned under 37 CFR 1.136 that the time permitted for response be extended by three (3) months, so that such period will now expire on October 27, 2005. The necessary fee is paid by the enclosed Fee Transmittal (form PTO/SB/17). If it is determined, however, that any fees under 37 C.F.R. §§ 1.16 or 1.17 are due in connection with this Reply, authorization is hereby given to charge such fees to Deposit Account No. 02-2955.

In response to the restriction requirement dated 6/27/2005, Applicants hereby elect without traverse to prosecute in this application the subject matter of Group I, claims 1-10 related to an inhaler capable of receiving a capsule blister pack, or a conveyor belt for holding a composition, classified in class 128, subclass 203.15.

Applicants reserve the right to prosecute in one or more divisional applications whatever subject matter is not allowed here.

Respectfully submitted,

**Certificate of Mailing Under 37 C.F.R. § 1.8(a)**  
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 13, 2005.

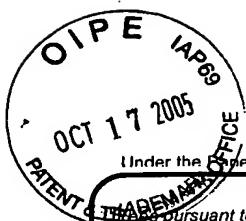
*[Signature]*  
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Andrea D. Small, Reg. No. 54,859  
Attorney for Applicants

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)1020.00**Complete if Known**

Application Number	10/757,346
Filing Date	01/14/2004
First Named Inventor	H. KLADDERS
Examiner Name	Andrew M. BUNIN
Art Unit	3743
Attorney Docket No.	1/1447

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 02-2955 Deposit Account Name: Boehringer Ingelheim Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims** - 20 or HP =          **Extra Claims**          **Fee (\$)** 50.00 **Fee Paid (\$)**         

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims** - 3 or HP =          **Extra Claims**          **Fee (\$)** 200.00 **Fee Paid (\$)**         

HP = highest number of independent claims paid for, if greater than 3

**Multiple Dependent Claims**

Fee (\$)	Fee Paid (\$)
360.00	

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>        </u>	<u>        </u>	<u>        </u>	<u>250.00</u>	<u>        </u>

- 100 =          / 50 =          (round up to a whole number) x 250.00 =         

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Three Month Extension Fee**Fees Paid (\$)**1020.00**SUBMITTED BY**

Signature	<u>Andrea D. Small</u>	Registration No. (Attorney/Agent) <u>54,859</u>	Telephone <u>203-798-4816</u>
Name (Print/Type)	<u>Andrea D. Small</u>	Date <u>10/13/2005</u>	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.